

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		3				
5		3				
6	1					
7		1				
8		2				
9	1					
10	1					
11		1				
12		1				
13		1				
14		1				
15	1					
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17	1					
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44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54	1					
55		3				
56						
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58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

63/11